

Born in Cleveland ☐ YES ☐ NO

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator if any

Artist

Dorothy Sabrina Harkins

FIRST NAME

LAST NAME

Address

18590 Parkland Dr

22 СУЯНОВА

Te

WV-1-3940

NO

STREET

CITY

ZONE

COUNTY

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

[illegible]

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Dorothy Sabrina Haskins  
SIGNATURE